

Psychosomatic Phlebitis?

Dr. Samuel Silverman, 62, is one psychoanalyst willing to declare that Richard Nixon's phlebitis is psychosomatic. He is aware of the pitfalls of glib, long-distance analyses of public figures. But his 30 years of research lead him to conclude that all illnesses are probably psychosomatic—the result of interaction between emotions and the body.

While analyzing patients in the late 1960s, Dr. Silverman, associate professor of psychiatry at the Harvard Medical School, noticed that dreams, fears and personal associations sometimes prefigured physical diseases. In one case a woman who reported a cluster of hints about a coming illness, including a dream of riding in a red car with a German shepherd, soon produced the familiar red rash of German measles.

In another case, a guilt-ridden professor unconsciously turned his eyes into "target organs" for disease by becoming a voyeur (as a relief from a bad sexual relationship with his wife) and by wishing for the death of his father, who had serious eye problems. To Dr. Silverman the predictive clues were all there, including the fact that the professor's eyes would ache badly when he read pornography or attended a sex exhibition. But his doctor missed the clues, and the professor is now blind from detached retinas in both eyes.

Severe Stress. In four cases reported in his book, *Psychologic Clues in Forecasting Physical Illness*, Dr. Silverman successfully predicted when, after severe, prolonged stress, illness would come and which part of the body would suffer. One successful prediction—of imminent respiratory disease—came after a patient said his girl friend's heavy smoking reminded him of his mother, who died of a chronic respiratory ailment. Another clue: he had dreamed of a nearly forgotten girl friend and casually mentioned chest pains he once suffered in an auto accident with her.

"For years," Dr. Silverman says, "we've been stuck on the question of whether illness is emotionally or physically caused. It's caused by the interaction, and the clues are psychological as well as physical." When a person develops "critical stress" and cannot cope, he says, either the mind or body has to break down. If physical illness strikes, "it doesn't do so randomly, but at vulnerable spots unique for each of us." That uniqueness will depend on which organs have been "sensitized" by heredity, childhood diseases or neurotic strategies like those the blind professor used.

The illnesses of many political leaders, Dr. Silverman believes, fit his theories: Lyndon Johnson's last heart attack, Robert Taft's terminal cancer, Joseph McCarthy's fatal liver ailment

and Richard Nixon's phlebitis, all seem to him to have been triggered by the intense emotional stress of a traumatic event, though not enough is known about the "target organs" involved.

Purely on the basis of published medical information, Dr. Silverman suggests that Richard Nixon's target areas are the legs (phlebitis in 1964 and 1974, two knee injuries in 1960, foot injury in 1952) and the respiratory system (pneumonia in 1973 and as a child in 1917), with the ominous possibility that the two areas could be connected by a fatal blood clot traveling from leg to lung.

"The man has been under extraor-

"It's also interesting that the phlebitis apparently didn't recur until the pardon was in the offing. I have no way of knowing whether Mr. Nixon has any unconscious guilt. But if he does, with the threat of legal punishment now removed, the only punishing force left is himself. That's why pardons can kill."



NIXON FAVORING AILING LEG, JUNE 1974
A theory that pardons can kill.

inary pressure for more than a year," Dr. Silverman says. "Mr. Nixon seems to keep his emotions under such control that we might have expected physical instead of emotional breakdown."

Dr. Silverman believes that the reports of Mr. Nixon's "serenity" between the resignation and the pardon could have been taken as indicators that emotions were bottled up and physical illness was near. Later reports, he adds, that Mr. Nixon refused to allow the afflicted leg to be bandaged, declined the prescribed anticoagulant drug and put off entering a hospital all point toward possible self-destructive impulses.